

PART B - FEE(S) TRANSMITTAL

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37808 7590 10/08/2010

ROSETTA-GENOMICS
c/o POLSINELLI SHUGHART PC
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SUITE 1000
KANSAS CITY, MO 64112

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/708,204 02/16/2004 Itzhak Bentwich 050992.0201.03USCP 2203

TITLE OF INVENTION: BIOINFORMATIALLY DETECTABLE GROUP OF NOVEL REGULATORY OLIGONUCLEOTIDES ASSOCIATED WITH ALZHEIMER'S DISEASE AND USES THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	01/10/2011

EXAMINER	ART UNIT	CLASS-SUBCLASS
MCGARRY, SEAN	1635	435-320100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Teddy C. Scott, Jr., Ph.D.

2 Ron Galant, Ph.D.

3 Polsinelli Shughart PC

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Rosetta Genomics Ltd.

Rehovot, Israel

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 501662 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Teddy C. Scott, Jr., Ph.D./

Date October 18, 2010

Typed or printed name Teddy C. Scott, Jr., Ph.D.

Registration No. 53573

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